

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$708.00 for date of service, 03/26/01.
- b. The request was received on 03/22/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial Submission of TWCC-60
    1. HCFA 1500
    2. EOB(s)
  - b. Additional documentation requested on 05/15/02 and received on 05/29/02
    1. Position Statement
    2. HCFA 1500
    3. EOB(s)
    4. Request for reconsideration letter undated
    5. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/13/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/14/02. The response from the insurance carrier was received in the Division on 07/01/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 05/29/02

“As stated by the CPT descriptor this is a separate procedure and there for [sic] is not reimbursed as part of the primary procedure and is not considered to be part of a global

fee.... The CPT descriptor clearly states “Separate procedure” and the surgery ground rules for multiple procedures are clear about how it is to be reimbursed.”

2. Respondent: Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/26/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$1450.00 for services rendered on the date in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “G INCLUDED IN GLOBAL CHARGE.”
5. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$708.00 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/26/01	29875	\$1450.00	\$0.00	G	\$1416.00	1994 Global Service Data for Orthopaedic Surgery (GSDOS); MFG; SGR; CPT Descriptor	The Carrier has denied this service as “G – INCLUDED IN GLOBAL CHARGE.” Per the MFG, a primary procedure is the procedure with the highest MAR value. However, both CPT codes billed, 29875 and 29877, have the same MAR values. Therefore, a primary procedure cannot be established. Pursuant to the GSDOS, these services (CPT Codes 29875 and 29877) are global to each other. Therefore, no additional reimbursement is recommended.
<b>Totals</b>		\$1450.00	\$0.00				The Requestor <b>is not</b> entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 22nd day of October 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt